STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	TANE EBERLE	Please check the appropriate box and fill in
MAILING ADDRESS: _	187 PILGRIM 20.	the District number.
CITY: _	S. PORTLAND	Member of the Senate, District
ZIP CODE: _	04106	<u> </u>
PHONE NUMBER: _	776-3783	Member of the House, District <u>/2</u> 3

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed.</u>
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	${f Address}$	Principal Type of Economic Activity of Employer
		Activity of Employer
SOUTH PORTLAND S	CHOOL DEAT. IN WESCOTT	TRD. PUSINESS PARTNERS. D OIRECTOR
	04106	D DIRECTOR
Enter the name and address	a partnership, firm, professional association, o	gislators who are self-employed.) eas of economic activity from which you deriv or similar business entity, list the major areas o
of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
· · · · · · · · · · · · · · · · · · ·		
Name each source of income \$1,000, whichever is greater derived such income. If this	s form of disclosure is prohibited by law rule	activity of the entity or person from whom you
Name each source of income \$1,000, whichever is greater derived such income. If this	c derived from self-employment that represent, and specify the principal type of economic as form of disclosure is prohibited by law, rule, pe of economic activity of the entity or person	activity of the entity or person from whom you, or an established code of professional ethics, a from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
Name each source of income \$1,000, whichever is greater derived such income. If this specify only the principal type	c derived from self-employment that represent, and specify the principal type of economic as form of disclosure is prohibited by law rule	activity of the entity or person from whom you, or an established code of professional ethics, a from whom the income was derived. Principal Type of Economic Activity
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Name each source of income \$1,000, whichever is greater derived such income. If this specify only the principal type Name of Source RT III. MAJOR AREAS OF ctice. If associated with a law find the Name and Address of Firm	c derived from self-employment that represent, and specify the principal type of economic as form of disclosure is prohibited by law, rule, pe of economic activity of the entity or person Address PRACTICE. (For Legislators who are attozirm, list the major areas of practice of your fin Major Areas of Practice (self)	activity of the entity or person from whom you, or an established code of professional ethics, or from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income Principal Type of Economic Activity of Entity or Person Who Is the Source of Income Major Areas of Practice (firm)

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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
· ·		
· · · · · · · · · · · · · · · · · · ·		
RT V. DISCLOSURE OF RI 000 or more that you received du list loans from a relative. If none	EPORTABLE LIABILITIES. List the nating the reporting period, and list the major are, so state.	mes of creditors for any unsecured loans leas of economic activity of each creditor.
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
	INE	
	10.11	
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RT VI. DISCLOSURE OF G	IFTS. Name the specific source of each oil	
RT VI. DISCLOSURE OF GI	IFTS. Name the specific source of each gir om a single source. If none, so state.	ft of more than \$300. Include gifts with a
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro	IFTS. Name the specific source of each girom a single source. If none, so state. 3. 4. IONORARIA. List the source of any hone.	ft of more than \$300. Include gifts with a
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H red to your official duties. If none	IFTS. Name the specific source of each girom a single source. If none, so state. 3. 4. IONORARIA. List the source of any hone, so state.	ft of more than \$300. Include gifts with a
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H ted to your official duties. If none	IFTS. Name the specific source of each girom a single source. If none, so state. 3. 4. IONORARIA. List the source of any hone, so state.	ft of more than \$300. Include gifts with a
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RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H ted to your official duties. If none	IFTS. Name the specific source of each girom a single source. If none, so state. 3. 4. IONORARIA. List the source of any hone, so state.	of more than \$300. Include gifts with a
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RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H ted to your official duties. If none RT VIII. REPRESENTATION represented or assisted others for o	IFTS. Name the specific source of each girom a single source. If none, so state. 3. 4. IONORARIA. List the source of any hone, so state. 3. 4. BEFORE STATE AGENCIES. Identify compensation of any amount. If none, so state. 3.	of more than \$300. Include gifts with a

NONE 2.	
7001-0	
RT X. INCOME RECEIVED BY MEMBERS OF IMMEDI	ATE FAMILY.
the type of economic activity representing each source of income f(ren) during the reporting period and the kind of income represe me received by spouse and (D) beside sources of income receive	ented. Do not include gifts. Indicate (S) beside source
Type of Economic Activity Representing Each Source of Income Received	777-1-07
4	Kind of Income
MATSICHE 1/16 CAMP/5/ (3)	EMPLOYMENT
PHYSICAL THERAVIST (S) RETAIL/KESTAURANT (D)	EMPLOYMENT
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intentional filing of a false statement shall be a Class	E crime. If the Commission concludes that i
ars that a Legislator has willfully filed a false statemo	ent, it shall refer its findings of fact to the
rney General. If the Commission determines that a Lement or has willfully filed a false statement, the Legis	egislator has willfully failed to file a require
est on every question and shall be precluded from yo	ting on any question in committee or in eithe
on of the Legislature, and shall not attempt to influen	ice the outcome of any question. A Logislata
willfully fails to file a required statement is subject to state and recoverable in a civil action. (1 M.R.S.A. § 1) a civil nepalty not to avocad \$1,000
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Signature Signature	./ ₁ / ₂